

FAX

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To Attn: Examiner Sheridan Snedden, Group 1653**Company** USPTO**Fax** 703-872-9306**From** Marjorie J. Pfeiffer**Tel** 1-919-483-9038; Facsimile: 1-919-483-7988**E-mail** marjorie.j.pfeiffer@gsk.com**Date** August 24, 2004 **Pages including cover** 9**Subject** Response and Amendment

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Re: Application of Jeff T. HUTCHINS et al.
U.S. Serial No.: 10/038,694; Filed: December 31, 2001
Title: *Superficial Zone Protein and Methods of Making and Using Same*
Attorney Docket No. PU4112US2

Attached:

1. Transmittal Form with a Certificate of Transmission (37 CFR 1.8(a))
2. Petition and Fee for Extension of Time (in duplicate)
3. Response and Amendment (5 pages)

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PTO/SB/21 (08-03)

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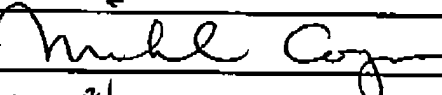
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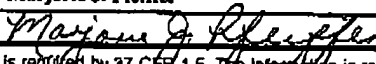
<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/038,694
		Filing Date	December 31, 2001
		First Named Inventor	Jeff T. HUTCHINS
		Art Unit	1653
		Examiner Name	Saelden, Sheridan
Total Number of Pages in This Submission		Attorney Docket Number	PU4112US2

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael M. Conger Registration No. 43,562 Telephone: (919)483-2474
Signature	
Date	August 24, 2004

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Typed or printed name	Marjorie J. Pfeiffer		
Signature		Date	August 24, 2004

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